

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

LIZA IRENE NAVARRO COLON

DEBTOR

CASE NO 13-05529/MCF

CHAPTER 13

NOTICE OF FILING OF AMENDED CHAPTER 13 PLAN
AND CERTIFICATE OF SERVICE

TO THE HONORABLE COURT:

NOW COMES, LIZA IRENE NAVARRO COLON, debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays:

1. The debtor is hereby submitting a proposed amended Plan, dated September 6, 2013, herewith and attached to this motion.
2. This proposed amended Plan is filed to cure the objection raised by the Trustee in his report, docket no. 23, dated September 5, 2013.

WHEREFORE debtor respectfully requests the confirmation of the requested amended Plan, dated September 6, 2013.

I CERTIFY that on this same date a copy of this notice was sent via electronically with the Clerk of the Court using CM/ECF systems which will send notifications of such to the Chapter 13 Trustee; and also certify that I have mailed by United States Postal Service copy of this motion to the following non CM/ECF participant and debtor; and to all creditors and parties in interest in the present case.

RESPECTFULLY SUBMITTED. In San Juan, Puerto Rico, this 6th day of September, 2013.

/s/ Roberto Figueroa Carrasquillo
ROBERTO FIGUEROA CARRASQUILLO
USDC #203614
ATTORNEY FOR PETITIONER
PO BOX 186
CAGUAS PR 00726
TEL. NO. (787) 744-7699

United States Bankruptcy Court
District of Puerto Rico

IN RE:

Case No. **3:13-bk-5529**

NAVARRO COLON, LIZA IRENE

Chapter **13**

Debtor(s)

AMENDED CHAPTER 13 PAYMENT PLAN

1. The future earnings of the Debtor(s) are submitted to the supervision and control of the Trustee and the Debtor(s) shall make payments to the Trustee ☒ directly ☐ by payroll deductions as hereinafter provided in the PAYMENT PLAN SCHEDULE.
2. The Trustee shall distribute the funds so received as hereinafter provided in the DISBURSEMENT SCHEDULE.

PLAN DATED: _____ <input checked="" type="checkbox"/> AMENDED PLAN DATED: 9/06/2013 <input type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION Filed by: <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other																																					
<p>I. PAYMENT PLAN SCHEDULE</p> <p> \$ <u>100.00</u> x <u>25</u> = \$ <u>2,500.00</u> \$ <u>450.00</u> x <u>11</u> = \$ <u>4,950.00</u> \$ <u>600.00</u> x <u>24</u> = \$ <u>14,400.00</u> \$ _____ x _____ = \$ _____ \$ _____ x _____ = \$ _____ </p> <p style="text-align: right;">TOTAL: \$ <u>21,850.00</u></p> <p>Additional Payments: \$ _____ to be paid as a LUMP SUM within _____ with proceeds to come from: <input type="checkbox"/> Sale of Property identified as follows: _____ <input type="checkbox"/> Other: _____</p> <p>Periodic Payments to be made other than, and in addition to the above: \$ _____ x _____ = \$ _____</p> <p style="text-align: right;">PROPOSED BASE: \$ <u>21,850.00</u></p> <p>III. ATTORNEY'S FEES (Treated as § 507 Priorities)</p> <p>Outstanding balance as per Rule 2016(b) Fee Disclosure Statement: \$ <u>2,861.00</u></p> <p>Signed: <u>/s/ LIZA IRENE NAVARRO COLON</u> Debtor</p> <p>_____ Joint Debtor</p>	<p>II. DISBURSEMENT SCHEDULE</p> <p>A. ADEQUATE PROTECTION PAYMENTS OR _____ \$ _____</p> <p>B. SECURED CLAIMS: <input type="checkbox"/> Debtor represents no secured claims. <input checked="" type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows:</p> <p>1. <input checked="" type="checkbox"/> Trustee pays secured ARREARS: <table style="width:100%;"> <tr> <td>Cr. <u>SCOTIABANK</u></td> <td>Cr. _____</td> <td>Cr. _____</td> </tr> <tr> <td># <u>Claim 6-1</u></td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ <u>345.27</u></td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> </p> <p>2. <input type="checkbox"/> Trustee pays IN FULL Secured Claims: <table style="width:100%;"> <tr> <td>Cr. _____</td> <td>Cr. _____</td> <td>Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> </p> <p>3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL: <table style="width:100%;"> <tr> <td>Cr. _____</td> <td>Cr. _____</td> <td>Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> </p> <p>4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder: _____</p> <p>5. <input type="checkbox"/> Other: _____</p> <p>6. <input checked="" type="checkbox"/> Debtor otherwise maintains regular payments directly to: <u>SCOTIABANK</u> <u>FIRST BANK</u></p> <p>C. PRIORITIES: The Trustee shall pay priorities in accordance with the law. 11 U.S.C. § 507 and § 1322(a)(2)</p> <p>D. UNSECURED CLAIMS: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims.</p> <p>1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: _____ <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: _____</p> <table style="width:100%;"> <tr> <td>Cr. _____</td> <td>Cr. _____</td> <td>Cr. _____</td> </tr> <tr> <td># _____</td> <td># _____</td> <td># _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> <p>2. Unsecured Claims otherwise receive PRO-RATA disbursements.</p> <p>OTHER PROVISIONS: (Executory contracts; payment of interest to unsecureds, etc.) Priority: \$1,085. * "Tax refunds will be devoted each year, as periodic payments, to the plan's funding until plan completion. The plan shall be deemed modified by such amount, without the need of further Court order. The debtor(s) shall seek court's authorization prior any use of funds." Late filed claims filed by creditors will receive no distribution. "Surrenders collateral": Shares/savings in any Cooperativa/Association/Bank. Debtor reserves the right to object claims after plan confirmation.</p>	Cr. <u>SCOTIABANK</u>	Cr. _____	Cr. _____	# <u>Claim 6-1</u>	# _____	# _____	\$ <u>345.27</u>	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____	Cr. _____	Cr. _____	Cr. _____	# _____	# _____	# _____	\$ _____	\$ _____	\$ _____
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